

Displays a valid OMB control number.

(Column 1)

(Column 2)

SMALL ENTITY

of

OTHER THAN
SMALL ENTITY

RATE	FEE
$\times \$$ _____ =	$\$$ _____
$\times \$$ _____ =	
$\times \$$ _____ =	

1014

(Column 1)

(Colunon 2)

(Column 3)

SMALL COUNTRY

(Jf)

OTHER THAN
SMALL ENTITY

[illegible]

101A
6000 CE

AMENDMENT 8

(Column 1)

(Column 2)

(C. 015000 3)

DATE	ADDITIONAL FEE
1. 1 _____ 2	
2. 1 _____ 2	
3. 1 _____ 2	
TOTAL ADDITIONAL FEE	

29

DATE	ADDITIONAL FEE
1 _____ :	
1 _____ :	
1 _____ :	
TOTAL	
ADDITIONAL FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.103)

AMENDMENT C

(Column 1)

(Column 2)

(Colony 2)

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMALGAMATION	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total D: CRR 116(1)(b)	..	bonus	..
Independent D: CRR 116(1)(b)	..	bonus	..

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D: CRR 116(1)(b))

2011 2012 2013 2014 2015	2016 2017 2018 2019 2020
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43

DATE	ADDITIONAL FEE
1	
2	
3	
4	
TOTAL	
ADDITIONAL	

... If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
... If the "Highest Number Previously Paid For" in HHS SPACT is less than 20, enter "0" in column 3.
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[illegible]